

<i>SERFF Tracking Number:</i>	<i>MNNP-126992839</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ReliaStar Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48102</i>
<i>Company Tracking Number:</i>	<i>2010 RESCISSION</i>		
<i>TOI:</i>	<i>LTC05I Individual Long Term Care - Nursing Home &amp; Home Health Care</i>	<i>Sub-TOI:</i>	<i>LTC05I.002 Non Qualified</i>
<i>Product Name:</i>	<i>Premier Whole Life Insurance LTC Rider</i>		
<i>Project Name/Number:</i>	<i>2010 Rescission Reports/2010 Rescission Reports</i>		

## Filing at a Glance

Company: ReliaStar Life Insurance Company		
Product Name: Premier Whole Life Insurance LTC Rider	SERFF Tr Num: MNNP-126992839	State: Arkansas
TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care	SERFF Status: Closed-Accepted For Informational Purposes	State Tr Num: 48102
Sub-TOI: LTC05I.002 Non Qualified	Co Tr Num: 2010 RESCISSION	State Status: Filed-Closed
Filing Type: Form	Author: Molly Williams	Reviewer(s): Harris Shearer, Stephanie Fowler
	Date Submitted: 02/25/2011	Disposition Date: 03/02/2011
		Disposition Status: Accepted For Informational Purposes
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: 2010 Rescission Reports	Status of Filing in Domicile: Authorized
Project Number: 2010 Rescission Reports	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: approved for out of state use only
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 03/02/2011
	State Status Changed: 03/02/2011
Deemer Date:	Created By: Molly Williams
Submitted By: Molly Williams	Corresponding Filing Tracking Number:
Filing Description:	
2010 Annual LTC Rescission Report	

## Company and Contact

### Filing Contact Information

Molly Williams, Compliance Analyst	molly.williams@us.ing.com
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SERFF Tracking Number: MNNP-126992839 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 48102  
Company Tracking Number: 2010 RESCISSION  
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.002 Non Qualified  
Home & Home Health Care  
Product Name: Premier Whole Life Insurance LTC Rider  
Project Name/Number: 2010 Rescission Reports/2010 Rescission Reports

P.O. Box 20 612-342-7233 [Phone]  
Route 7791 612-342-3695 [FAX]  
Minneapolis, MN 55440-0020

#### **Filing Company Information**

ReliaStar Life Insurance Company	CoCode: 67105	State of Domicile: Minnesota
P.O. Box 20	Group Code: 229	Company Type:
Minneapolis, MN 55440-0020	Group Name:	State ID Number:
(612) 372-5246 ext. [Phone]	FEIN Number: 41-0451140	

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#### **Filing Fees**

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$0.00	02/25/2011	

SERFF Tracking Number: MNNP-126992839 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 48102  
Company Tracking Number: 2010 RESCISSION  
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.002 Non Qualified  
Home & Home Health Care  
Product Name: Premier Whole Life Insurance LTC Rider  
Project Name/Number: 2010 Rescission Reports/2010 Rescission Reports

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Rosalind Minor Informational Purposes		03/02/2011	03/02/2011

SERFF Tracking Number:	MNNP-126992839	State:	Arkansas
Filing Company:	ReliaStar Life Insurance Company	State Tracking Number:	48102
Company Tracking Number:	2010 RESCISSION		
TOI:	LTC05I Individual Long Term Care - Nursing Home & Home Health Care	Sub-TOI:	LTC05I.002 Non Qualified
Product Name:	Premier Whole Life Insurance LTC Rider		
Project Name/Number:	2010 Rescission Reports/2010 Rescission Reports		

## Disposition

Disposition Date: 03/02/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNP-126992839 State: Arkansas

Filing Company: ReliaStar Life Insurance Company State Tracking Number: 48102

Company Tracking Number: 2010 RESCISSION

TOI: LTC051 Individual Long Term Care - Nursing Sub-TOI: LTC051.002 Non Qualified  
Home & Home Health Care

Product Name: Premier Whole Life Insurance LTC Rider

Project Name/Number: 2010 Rescission Reports/2010 Rescission Reports

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	LTC Rescission Report	Accepted for Informational Purposes	Yes

SERFF Tracking Number: MNNP-126992839 State: Arkansas  
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 48102  
Company Tracking Number: 2010 RESCISSION  
TOI: LTC051 Individual Long Term Care - Nursing Sub-TOI: LTC051.002 Non Qualified  
Home & Home Health Care  
Product Name: Premier Whole Life Insurance LTC Rider  
Project Name/Number: 2010 Rescission Reports/2010 Rescission Reports

## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification	Accepted for Informational Purposes	03/02/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application	Accepted for Informational Purposes	03/02/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Accepted for Informational Purposes	03/02/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage	Accepted for Informational Purposes	03/02/2011
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Cover Letter	Accepted for Informational	03/02/2011

<i>SERFF Tracking Number:</i>	<i>MNNP-126992839</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ReliaStar Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48102</i>
<i>Company Tracking Number:</i>	<i>2010 RESCISSION</i>		
<i>TOI:</i>	<i>LTC051 Individual Long Term Care - Nursing</i>	<i>Sub-TOI:</i>	<i>LTC051.002 Non Qualified</i>
	<i>Home &amp; Home Health Care</i>		
<i>Product Name:</i>	<i>Premier Whole Life Insurance LTC Rider</i>		
<i>Project Name/Number:</i>	<i>2010 Rescission Reports/2010 Rescission Reports</i>		

**Purposes**

**Comments:**

see attached

**Attachment:**

AR Rescission Ltr 2010.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** LTC Rescission Report

Accepted for Informational  
Purposes

03/02/2011

**Comments:**

see attached

**Attachment:**

AR 2010 Rescission.pdf

**ReliaStar Life Insurance Company**

20 Washington Avenue South

Minneapolis, MN 55401

Tel.: 612.342-7233

Toll Free: 1-800-537-5024 X 342-7233

Fax: 612.342.3695

Email: molly.williams@us.ing.com

Molly Williams

Compliance Analyst

February 25, 2011

Arkansas Insurance Department

Compliance - Life and Health Division

1200 West Third Street

Little Rock, Arkansas 72201-1904

RE: Rescissions of Long-Term Care Insurance Policies or Certificates  
ReliaStar Life Insurance Company  
NAIC #67105

Attached is a copy of the completed Rescission report for 2010.

If you have any questions, I can be reached at the number listed above.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Molly Williams', with a long, sweeping horizontal stroke extending to the right.

Molly Williams

/maw



**RESCISSION REPORTING FORM FOR  
LONG-TERM CARE POLICIES  
FOR THE STATE OF Arkansas  
FOR THE REPORTING YEAR OF 2010**

**Company Name:** ReliaStar Life Insurance Company

**Address:** 20 Washington Avenue South

Minneapolis, MN 55401

**Phone Number:** (612) 372-1108

**Due: March 1 annually**

**Instructions:**

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

<b>Policy Form #</b>	<b>Policy and Certificate #</b>	<b>Name of Insured</b>	<b>Date of Policy Issuance</b>	<b>Date/s Claim/s Submitted</b>	<b>Date of Rescission</b>
No Rescission	n/a	n/a	n/a	n/a	n/a

**Detailed reason for rescission:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Signature  
V.P. Chief Compliance Officer

02/25/2011  
Date